| PATENT APPLICATION FEE DETERMINATION RECORD  |  |   |   |  |                  |                                  |       |              | Application or Docket Number |       |                     |                        |
|--|--|---|---|--|------------------|----------------------------------|-------|--------------|------------------------------|-------|---------------------|------------------------|
| Effective December 8, 2004   |  |   |   |  |                  |                                  |       | ·            | 10/542888                    |       |                     |                        |
| CLAIMS AS FILED - PART I   |  |   |   |  |                  |                                  |       | SMALL ENT    | ITY                          |       | OTHER               | THAN                   |
|  |  |   | (Column   | 1)   | (Column 2)       |                                  |       | TYPE         |                              | OR    | SMALL E             | NTITY                  |
| U.S. NATIONAL STAGE FEES   |  |   | 13  |  |                  |                                  |       | RATE         | FEE                          |       | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150                                   |  | LARGI            | E ENT. = \$ 300                  |       | BASIC FEE    | 150                          | OR    | BASIC FEE           |                        |
| EXAMINATION FEE  |  |   | 4 -   | Satisfies PCT Article 33(1)- All c<br>(4) = \$ 50 / \$ 100 |                  |                                  |       | EXAM. FEE    | (00)                         |       | EXAM. FEE           |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$ 5<br>ALL other coun<br>\$ 200 / \$ 4 | tries =  |                  | ner situations =<br>250 / \$ 500 |       | SEARCH FEE   | SS                           |       | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =   |  |                  | / 50 =                           |       | X \$ 125 =   |                              |       | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 17 minus 20 = .                                       |  |                  |                                  |       | X \$ 25 =    |                              | OR    | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |   | <b>✓</b> mir  | nus 3 = .  | 1                |                                  |       | X \$ 100 =   | \ <i>®</i>                   | OR    | X \$ 200 =          |                        |
| MUL  | TIPLE DEPEND                                   | DENT CLAIM PRE                            | SENT  | 4  |                  |                                  |       | + \$ 180 =   | 180                          | OR    | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |   |  |                  |                                  | TOTAL | 730          | OR                           | TOTAL |                     |                        |
| CLAIMS AS AMENDED - PART II / 3 (Column 1) (Column 2) (Column 3)   |  |   |   |  |                  |                                  | 1     | SMALL E      | ENTITY                       | OR    | OTHER SMALL E       |                        |
| AMENDMENT A  |  | CLAIMS REMAINING AFTER AMENDMENT          |   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F                         | ER<br>USLY       | PRESENT<br>EXTRA                 |       | RATE         | ADDI-<br>TIONAL<br>FEE       |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | . 13                                      | Minus   | " /  | Q                | =                                |       | X \$ 25 =    |                              | OR    | X \$ 50 =           |                        |
|  | Independent                                    | · 4                                       | Minus   | <i>\</i>   |                  |                                  |       | X \$ 100 =   |                              | OR    | X \$ 200 =          |                        |
| •  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |  |                  |                                  |       | + \$ 180 =   |                              | OR    | + \$ 360 =          |                        |
|  |  |   |   |  |                  |                                  |       | TOTAL ADDIT. |                              | OR    | TOTAL ADDIT.        |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |   |  |                  |                                  |       |              |                              |       |                     |                        |
| AMENDMENT 8  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIOU<br>PAID F                         | ST<br>ER<br>USLY | PRESENT<br>EXTRA                 |       | RATE         | ADDI-<br>TIONAL<br>FEE       |       | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | •   | Minus   | **   |                  | =                                |       | X \$ 25 =    |                              | OR    | X \$ 50 =           |                        |
|  | Independent                                    | •   | Minus   | ***  |                  | =                                |       | X \$ 100 =   |                              | OR    | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT OF    |   |   |  | LAIM             |                                  |       | + \$ 180 =   |                              | OR    | + \$ 360 =          |                        |
|  |  |   |   |  |                  |                                  |       | TOTAL ADDIT. |                              | OR    | TOTAL ADDIT.<br>FFF |                        |
|  |  |   |   |  |                  |                                  |       |              |                              |       |                     |                        |
|  | If the potru in each                           | mms 1 is bee than th                      | se entry in column ?                                  | unito "O" in   | . column         | .3                               |       |              |                              |       |                     |                        |
| "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20". ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. |  |   |   |  |                  |                                  |       |              |                              |       |                     |                        |